



1996

# EVALUATION/INVESTIGATION REPORT

Fill out this form for each comprehensive  
evaluation/investigation completed during study period

1. Evaluation/investigation completed:   /  /   Counselor ID                     

2. What steps to resolve disputes about custody or visitation have preceded this evaluation?

(Please check all that apply.)

- ☐ Mediation by you
- ☐ Mediation by other court-based mediator
- ☐ Assessment/screening/short term or focused investigation/evaluation
- ☐ Custody evaluation by private evaluator
- ☐ Custody evaluation by court-based evaluator/investigator
- ☐ Attorney appointed for the child(ren)
- ☐ Other

3. What is the date of the first moving papers in this case?   /  /  

4. Are the parents in this case currently represented by attorneys?

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| Mother represented?                 | Father represented?                 |
| <input type="checkbox"/> Yes        | <input type="checkbox"/> Yes        |
| <input type="checkbox"/> No         | <input type="checkbox"/> No         |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know |

5. What is the legal relationship between the parents?

- ☐ Never married to each other
- ☐ Divorced from each other
- ☐ Still legally married to each other

6. How many children under 18 do these parents have together?       

Please enter their birthdates and genders below.

	Oldest child	Second child	Third child	Fourth child
A. Birthdate: ➔	<u>  /  /  </u> Mo Day Year	<u>  /  /  </u> Mo Day Year	<u>  /  /  </u> Mo Day Year	<u>  /  /  </u> Mo Day Year
B. Sex: ➔	<sup>2</sup> <input type="checkbox"/> Male <sup>1</sup> <input type="checkbox"/> Female	<sup>2</sup> <input type="checkbox"/> Male <sup>1</sup> <input type="checkbox"/> Female	<sup>2</sup> <input type="checkbox"/> Male <sup>1</sup> <input type="checkbox"/> Female	<sup>2</sup> <input type="checkbox"/> Male <sup>1</sup> <input type="checkbox"/> Female



**7. Is a domestic violence restraining order in effect that prevents one parent from coming near the other?**

- ☐ Application in progress      ☐ No, but there has been a restraining order in the past  
☐ Yes there is a restraining order now      ☐ No, there has never been a restraining order

**8. Has Child Protective Services (CPS) investigated a report about this family's children?**

- ☐ Yes  
☐ No  
☐ Don't know



**A. Who is (was) being investigated?**

- ☐ Mother  
☐ Father  
☐ Other (*Specify*)

**B. What was the outcome of the investigation?**

- ☐ Unsubstantiated  
☐ Substantiated  
☐ Not yet completed  
☐ Don't Know

**9. What allegations have been made between the parties? (*Please check all that apply.*)**

**Who is alleged to have done this?**

**Allegations:**

	Father	Mother		
Child neglect	<input type="checkbox"/>	<input type="checkbox"/>		
Child abduction	<input type="checkbox"/>	<input type="checkbox"/>		
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>		
Maligning the other parent in front of the child	<input type="checkbox"/>	<input type="checkbox"/>		
Harassing the other parent	<input type="checkbox"/>	<input type="checkbox"/>		
Mental illness	<input type="checkbox"/>	<input type="checkbox"/>		
Drug or alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>		
Stalking the other parent	<input type="checkbox"/>	<input type="checkbox"/>		
			Someone associated with	Someone associated with
	Father	Mother	Father	Mother
Physical abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional abuse of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ( <i>Please describe</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. On which orders are you making a recommendation? (*Please check all that apply.*)**

- ☐ Custody  
☐ Primary residence  
☐ Visitation  
☐ Holidays/vacation  
☐ Other (*Please describe*)

**11. What issues did you take into account in this evaluation / investigation? (Please check all that apply)**

**To which parent does this refer?**

	Father	Mother	N/A
<input type="checkbox"/> Move away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changes in circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent child relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent's ability to meet needs of the children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Quality of the home environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent does not show for visitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parent prevents visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> School problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other ( <i>Please describe</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. What are the child issues in this evaluation/investigation? (Please check all that apply)**

- ☐ Behavior problems
- ☐ Emotional adjustment
- ☐ Age appropriateness of parenting plan
- ☐ Child's developmental progress
- ☐ Medical needs
- ☐ Child has difficulty with transitions
- ☐ Child refuses to visit
- ☐ Other (*Please describe*)

**13. At the point the investigation/evaluation began, what was the level of risk for the child(ren)?**

Extremely

Low    1       2       3       4       5       6       7       8       9       10    High

**14. Are child support or other financial matters currently before the court?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**15. To what extent do you feel child support was an underlying issue in this case?**

- ☐ Case was child support driven.
- ☐ Child support was an issue.
- ☐ Not at all.

**16. What are your recommendations?**

**A. Legal custody** (*Check one*)

- ☐ <sub>1</sub> To Mother
- ☐ <sub>2</sub> To Father
- ☐ <sub>3</sub> Joint
- ☐ <sub>4</sub> Different for each child
- ☐ <sub>5</sub> Not at issue

**B. Physical custody** (*Check one*)

- ☐ <sub>1</sub> To Mother
- ☐ <sub>2</sub> To Father
- ☐ <sub>3</sub> Joint
- ☐ <sub>4</sub> Different for each child
- ☐ <sub>5</sub> Not at issue

**C. Primary residence** (*Check one*)

- ☐ <sub>1</sub> To Mother
- ☐ <sub>2</sub> To Father
- ☐ <sub>3</sub> Joint
- ☐ <sub>4</sub> Different for each child
- ☐ <sub>5</sub> Not at issue

**D. Time with each parent:** In the first 4 weeks (28 days) after the plan goes into effect, how many overnights will the children spend with each parent?

\_\_\_\_\_ Overnights with Mother

\_\_\_\_\_ Overnights with Father

☐ Different for each child

**17. Special visitation provisions you are recommending** (*Please check all that apply*)

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> None                                      | <input type="checkbox"/> <sub>1</sub> No substance (including tobacco) use during visitation |
| <input type="checkbox"/> <sub>1</sub> Supervised visitation initiated/continued | <input type="checkbox"/> <sub>1</sub> Nonremoval of child from state                         |
| <input type="checkbox"/> <sub>1</sub> Supervised visitation stopped             | <input type="checkbox"/> <sub>1</sub> Restrictions on driving with children                  |
| <input type="checkbox"/> <sub>1</sub> Supervised exchanges                      | <input type="checkbox"/> <sub>1</sub> No contact with specific third party                   |
| <input type="checkbox"/> <sub>1</sub> Neutral pickup point                      | <input type="checkbox"/> <sub>1</sub> No contact (TRO) between parents                       |
| <input type="checkbox"/> <sub>1</sub> Suspended visitation                      | <input type="checkbox"/> <sub>1</sub> Other ( <i>Please specify</i> )                        |

**18. Other provisions agreed upon or recommended** (*Please check all that apply*)

- |   | Mother                                | Father                                |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> <sub>1</sub> None                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| <input type="checkbox"/> <sub>1</sub> Parent education class                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| <input type="checkbox"/> <sub>1</sub> Drug/alcohol testing/treatment        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| <input type="checkbox"/> <sub>1</sub> Domestic violence treatment program   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| <input type="checkbox"/> <sub>1</sub> Other counseling for parents/children | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>1</sub> |
| <input type="checkbox"/> <sub>1</sub> Attorney for child                    |                                       |                                       |
| <input type="checkbox"/> <sub>1</sub> Child advocate or CASA                |                                       |                                       |
| <input type="checkbox"/> <sub>1</sub> Special master                        |                                       |                                       |
| <input type="checkbox"/> <sub>1</sub> Other ( <i>Please specify</i> )       |                                       |                                       |

**19. Which of the following have you done in completing this evaluation/investigation?**

*(Check all that apply)*

**In-office Interviews**

- ☐ Mother, Father together
- ☐ Mother alone
- ☐ Father alone
- ☐ Child alone/child with siblings
- ☐ Child with Father
- ☐ Child with Mother
- ☐ Step-parent
- ☐ Step siblings
- ☐ Other relatives
- ☐ Attorneys
- ☐ Someone else *(Please list)*

**Records/file Checks**

- ☐ Criminal records
- ☐ Police records
- ☐ DMV records
- ☐ CPS
- ☐ School records
- ☐ Probation records
- ☐ Other records *(What?)*

**Home visits**

- ☐ To Mother
- ☐ To Father
- ☐ To other relatives *(Who?)*

**Collateral contacts**

- ☐ School
- ☐ Physicians
- ☐ Therapist/counselor
- ☐ Contact with attorneys
- ☐ Others *(Who?)*

**Seen on home visits**

- ☐ Mother
- ☐ Father
- ☐ Child(ren)
- ☐ Siblings not at issue
- ☐ Step siblings
- ☐ Step parents
- ☐ Other *(Who?)*

**Settlement conference**

- ☐ With parents and attorneys
- ☐ With parents only
- ☐ With attorneys only

☐ **Case consultation/conference with supervisor or colleagues**

- ☐ **Other** *(What?)*

**20. What kind of report have you prepared?**

- 1 ☐ Verbal
- 2 ☐ Written

**21. How many hours altogether have you worked on this evaluation / investigation? \_\_\_\_\_**

*(Please circle the number that best indicates your assessment.)*

Not Difficult												Extremely
At All	1	2	3	4	5	6	7	8	9	10		Difficult

Not High Extremely

At All 1    2    3    4    5    6    7    8    9    10 High

Low 1    2    3    4    5    6    7    8    9    10 <sup>Extremely</sup> High

Low 1    2    3    4    5    6    7    8    9    10    Extremely High

1 ☐ Very  
2 ☐ Somewhat  
3 ☐ Not at all  
4 ☐ Don't know